

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	i					
3		1				
4	i					
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12						
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46						
47						
48						
49						
50						
TOTAL IND.	2	-				
TOTAL DEP.	4	-	←	↓	←	↓
TOTAL CLAIMS	1	1	1	1	1	1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.			←		←	↓
TOTAL CLAIMS			1	1	1	1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**